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PTO/SB/21 (09-04) (AW 10/2004)

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/781,610	-
Filing Date	February 18, 2004	
First Named Inventor	Emmanuel Sedda et al.	
Art Unit	3751	
Examiner Name	John K. Fristoe, Jr.	
Attorney Docket No.	GRY-119US	

ENCLOSURES (Check all that apply)				
Fee Transmittal Form Fee Attached	Drawing(s) Licensing-related Papers		After Allowance Communication to TC	
Amendment/Reply After Final Affidavits/Declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s)	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation, Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD		Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): PTO-2038; Fee Transmittal; Post Card.	
Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks:			
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT				
Firm Name RatnerPrestia Signature SUMM Printed Name Glenn M. Massina .				
Date November 14, 2005	Registration No.	40,08	B1	
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PTO/SB/17 (12-04v2) (AW 1/2005)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/04. suant to the Consolidated Appropriations Act. 2005 (H.R. 4818). 10/781,610 Application Number FEE TRANSMITTAL February 18, 2004 Filing Date For FY 2005 Emmanuel Dedda et al. First Named Inventor John K. Fristoe, Jr. Examiner Name Applicant claims small entity status. See 37 CFR 1.27 3751 Art Unit **GRY-119US TOTAL AMOUNT OF PAYMENT** (\$) 200.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): Deposit Account Name: RatnerPrestia Deposit Account Deposit Account Number: 18-0350 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES SEARCH FEES** Small Entity Small Entity Small Entity Fees Paid (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) 150 500 250 200 100 Utility 300 Design 200 100 100 50 130 65 160 80 Plant 200 100 300 150 600 300 300 150 500 250 Reissue 0 O Provisional 200 100 Small Entity **EXCESS CLAIM FEES** Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims **Multiple Dependent Claims Total Claims** Extra Claims Fee Paid (\$) Fee (\$) Fee Paid (\$) - 20 or HP = Fee (\$) 11 0 HP = highest number of total claims paid for, if greater than 20 Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims - 3 or HP = 200.00 200.00 HP = highest number of independent claims paid for, if greater than 3 **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)). the application size fee due is \$250 (\$125 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) **Total Sheets** Extra Sheets / 50 = _ (round up to a whole number) _- 100 = Fees Paid (\$) OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Complete (if applicable) SUBMITTED BY (610) 407-0700 Telephone Registration No. Attorney/Agent) 40.081 Signature Date November 14, 2005 Name (Print/Type) Glenn M. Massina

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